BUSD CLASSIFIED & CLASSIFIED MANAGEMENT
EMPLOYEE REQUEST FOR TIME OFF

Employee: ___________________________ Location: ___________________________

Date(s) Requested: ___________________________

☐ VACATION DAYS: Must be submitted ten (10) days in advance.

☐ PERSONAL NECESSITY LEAVE: Must be submitted forty-eight (48) hours in advance. Limited to ten (10) days from accumulated sick days. (In accordance with CSEA Contract Article 13.3)

☐ Death or serious illness of a member of the employee’s family (days beyond those allowed for bereavement).
☐ Accident involving the employee’s person or property or property of a member of the immediate family.
☐ Imminent danger to unit member’s home which requires presence of the employee during work day.
☐ Personal presence of the father at the time of birth of a child, or when birth is imminent.
☐ Actual attendance at the funeral of a distant relative, friend, neighbor, employee or other acquaintance.
☐ Unforeseen circumstances involving transportation or storm conditions that prevent the unit member from traveling to and from work.
☐ Unit member’s appearance in court as a litigant.
☐ Other specific family responsibilities which require the presence of employee during work hours.

☐ PERSONAL NECESSITY (DISCRETIONARY DAYS): Limited to three (3) days deducted from personal necessity leave.

☐ PERSONAL BUSINESS (UNPAID): Must be submitted twenty-four (24) hours in advance.

☐ COMPENSATORY TIME (CSEA Article 10.5): Must be approved in advance and scheduled in accordance with union contract.

☐ PAID LEAVE DEDUCTED FROM SICK LEAVE: Must be submitted forty-eight (48) hours in advance.

☐ Doctor’s appointment
☐ Surgery: Physician’s statement must be submitted before returning to work.

☐ PAID LEAVE NOT DEDUCTED FROM SICK LEAVE:

☐ Bereavement – Relationship: Up to seven (7) days for death of immediate family member as indicated in Article 13.1.2.a.
☐ Jury Duty: Leave will be granted in accordance with union contracts and require proof of attendance.

I certify that I have complied with the requirements of the Collective Bargaining Agreement relating to this leave.

Signature of Employee: ___________________________ Date: ___________________________

Signature of Immediate Supervisor (if applicable): ___________________________ Date: ___________________________

Signature of Administrator/Manager: ___________________________ Date: ___________________________

☐ Granted  ☐ Denied

OFFICE USE ONLY

(filed and maintained @ School site/BUSD Department Office)

☐ Recorded (Digital Schools) Date: ___________________________ By: ___________________________

NOTES: ___________________________